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Gynaecology Cancer Red Flags

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Gynaecological Cancers

- Endometrial Cancer
- Ovarian Cancer
- Cervical Cancer
- Vulval cancer
- Vaginal cancer (very rare)

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2ww (Fast Track) Referrals

- GP referrals under criteria defined by CCG
- Seen in secondary care with 14 days of referral
  - 150 referrals per month at NBT (increased from 120 in 2015)
  - 35 per week
  - 7 per working day
- Booked into ANY consultant clinic in ANY location (Southmead, Cossham, Clevedon, Thornbury, Yate)
- PMB may be seen by PMB nurse (2 clinics per week)

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Problems with 2WW referrals

- Not triaged as delays appointment date
- Patients defer appointments or DNA
  - Patients are not told they may have cancer
  - Patients are told they do not have cancer
  - Patients are on holiday or not available
- Many patients do not fulfill the 2WW criteria
- All patients need to be seen in a consultant clinic so timely decision can be made about management
  - Confirm the scan findings (endometrium easy, ovaries difficult)
  - Check the examination findings (cervical lesion/ vulval ulcer)
  - Reassure if no cancer detected

Example case 1

- 48 year old attends for routine cervical smear
- Normal periods, no IMB or PCB
- Normal smear history
- Para 2
- Examination reveals 2cm smooth cervical polyp protruding through cervical os

- What is your management?

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Example Case 1

- Consider removal of polyp
- Leave it and take smear
- Refer to gynae clinic urgently
- Refer to gynae clinic on 2WW
- Refer to gynae clinic routinely
- Arrange a TV scan

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Example Case 2

- Age 48 years presents with urinary frequency
- Normal periods
- Para 2
- Abdominal examination reveals palpable mass arising from pelvis, smooth and non tender

- What should you do?

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Example Case 2

- Refer on 2WW pathway
- Measure ca 125 and refer on 2WW pathway
- Arrange a pelvic ultrasound scan urgently
- Arrange a pelvic ultrasound routinely
- Arrange a pelvic ultrasound AND take Ca 125

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Example Case 2

- Ultrasound shows single 10 cm fibroid in anterior uterus

- What should you do next?

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Example Case 2

- Ultrasound shows normal uterus and complex cyst 10 cm in diameter with multiple solid areas anterior to the uterus, normal right ovary, left ovary not seen, no ascites

- What should you do next?

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Example Case 3

- Aged 68 years
- Known lichen sclerosus well controlled on potent topical steroids, stopped treatment two years ago
- Noticed worsening vulval soreness
- Examination reveals widespread changes of lichenification with erythema and a shallow ulcer on left labia minora

- What should you do next?

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Example Case 4

- Age 54 years with vaginal bleeding
- Amenorrhoeic on HRT Evorel Conti since 2013, discontinued HRT 7 months ago

- What should be your management?

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Example Case 5

- Aged 91 years
- Severe dementia in a care home, walks with a Zimmer, severe kyphosis
- Carers noted blood, no frank bleeding
- Ultrasound reveals 9mm endometrium

- What would you recommend?

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Example Case 6

- Aged 48 years
- Heavy vaginal bleeding for 6 weeks stops with norethisterone
- LMP 2 years ago, hot flushes, raised gonadotrophins, diagnosed with menopause
- Ultrasound scan shows 3 mm endometrium and 3 cm simple ovarian cyst

- What would you recommend next?

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Example Case 7

- Aged 85 years
- Ultrasound scan for pelvic pain reveals 7mm endometrium
- No PMB

- What would you do next?

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End of Cases

Endometrial Cancer

- Most common 2WW referral
- Nationally 10% pmb have cancer
- NBT 7% PMB have cancer

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Who is at risk of endometrial cancer?

- 2WW criteria
  - Post menopausal bleeding
  - Persistent bleeding 6 weeks after stopping HRT
- NICE criteria
  - Refer on 2WW if over 55 years with pmb (unexplained bleeding 12 months after LMP due to menopause)
  - Consider 2WW if under 55 years with pmb
  - Consider ultrasound for women over 55 years with unexplained vaginal discharge presenting for the first time

Pathway for 2WW possible endometrial cancer

- Consultant gynae clinic or nurse led PMB clinic
- Full gynae history
- TV scan – (normal if endometrium <4mm)
- Speculum examination
  - Exclude cervical cause for bleeding
  - Assess for pipelle biopsy
- If abnormal endometrium on TV scan
  - default is out patient hysteroscopy
    - Well tolerated (especially by elderly and infirm)
    - No need for speculum
    - Vaginoscopy technique
    - Can remove polyps

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Examples of PMB 2WW endometrial cancer

- Bleeding after 4 years amenorrhoea with Mirena
- Bleeding on HRT but does not wish to stop HRT
- Previous hysterectomy but unsure if total
- Normal hysteroscopy 6 months ago – recurrent bleeding

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What should a GP do for PMB?

- Consider age of patient to assess risk
- Examine
  - Exclude local cause of bleeding
  - Confirm bleeding is vaginal
- Consider scan before referral?

Note: Light PMB bleeding more significant than heavy bleeding PMB

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Ovarian Cancer – who is at Risk?

2WW criteria

- palpable pelvic or abdominal mass which is not obviously fibroids
- Ultrasound showing suspicious ovarian cyst
- Please take CA 125 before referral

NICE criteria

- Urgent referral if physical examination identifies ascites and or pelvic or abdominal mass (not obviously fibroids)
- Carry out tests in primary care if women over 50 present with bloating, early satiety, pelvic or abdominal pain, increased urinary frequency or frequency
- Carry out tests for ovarian cancer in any woman over 50 years who has new onset of symptoms suggestive of IBS
- Measure C125 in primary care in women with symptoms that suggest ovarian cancer
- If Ca 125 greater than 35 IU/ml arrange an ultrasound
- If Ca 125 normal or CA 125 raised and scan normal reassess for other cause of symptoms

2WW pathway for possible ovarian cancer

- Consultant Gynaecology Clinic
- Full gynaecological history and examination
- Undertake ultrasound if not done previously
- Undertake CA 125 if not undertaken previously
- Calculate RMI
- Refer to gynaecology MDT if raised RMI

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CALCULATION OF THE Risk of Malignancy Score (RMI)

- The RMI combines three features.
  - serum CA125 level (iu/ml);
  - the menopausal status (M);
  - and an ultrasound score (U)

  RMI = U x M x CA125
- The ultrasound result is scored 1 point for each of the following characteristics: multilocular cysts, solid areas, metastases, ascites and bilateral lesions.
- The menopausal status is scored as:

1 = premenopausal

3 = postmenopausal.

- Serum CA125 is measured in iu/ml and can vary between zero and hundreds or even thousands of units.

RMI for Ovarian Cancer

- RMI Malignancy Risk in post menopausal women
  - 75% risk of malignant if greater than 200
  - 20% risk of malignancy if 25-200
  - 3% risk of malignancy if < 25

- Ovarian Cancer in premenopausal women is rare
  - 1 in 1000 ovarian cysts in pre menopausal women are malignant
  - Ca 125 in pre menopausal women is unreliable in predicting ovarian cancer as high false positive rates (raised in fibroids, endometriosis, adenmyosis, pelvic infection,

Examples of 2WW ovarian cancer referrals

- 5cm simple cyst in 80 year old found on CT
- 3cm dermoid in 25 year old with pelvic pain
- 5cm dermoid found in EPC at time of miscarriage (keen to conceive again)
- 5mm endometrium found on scan of kidneys (no bleeding)

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Who is at risk of cervical cancer?

- 2WW criteria
  - Clinical features of cervical cancer
  - Persistent imb with negative pelvic examination
- NICE criteria
  - Refer on 2WW pathway if on examination the appearance of the cervix is consistent with cervical cancer

2WW pathway for cervical cancer

- Consultant Gynaecology Clinic
- Full gynaecological history and examination
- 80% cervical cancers are diagnosed on speculum examination
- If cervical cancer is suspected a cervical biopsy can be taken in the gynaecology clinic
- If diagnosis unsure referral to colposcopy for a second opinion

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Examples of 2WW cervical cancer referrals

- Irregular bleeding with normal smear history – unable to visualise cervix
- Irregular bleeding, normal smear history, cervical ectropion looks benign but bled on contact
- Post coital bleeding, cervical polyp bled on contact
- Irregular bleeding on ocp, cervical ectropion, too young for smear

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Who is at risk of vulval cancer?

- 2WW criteria
  - Unexplained vulval lump with bleeding or ulceration
- NICE criteria
  - Consider a 2ww referral for vulval cancer in women with unexplained vulval lump, ulceration or bleeding

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2WW pathway for suspected vulval cancer

- Consultant Gynaecology Clinic
- Full gynaecological history and examination
- If vulval cancer is suspected a biopsy can be taken in the gynaecology clinic

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Examples of 2WW referrals for suspected vulval cancer

- Known previous history of lichen sclerosus, no treatment for 2 years – vulval soreness
- Vulval lump could be sebaceous cyst
- Vulval lump for 5 years increased in size
- Painful lump on mons pubis

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Other potential Red Flag Symptoms?

Could this be endometrial cancer?

- Heavy periods
- Irregular periods
- Intermenstrual bleeding
- Post coital bleeding

- Beware of large BMI and nulliparity

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Other potential Red Flag Symptoms?

Could this be cervical cancer?

- Intermenstrual bleeding
- Post coital bleeding
- Vaginal discharge
- dyspareunia

- Be aware of other risk factors – early coitus, HPV, multiple partners

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Other potential Red Flag Symptoms?

Could this be ovarian cancer?

- Irregular vaginal bleeding
- Pelvic pain
- Abdominal bloating with normal CA 125 and normal ultrasound

- Be aware of family history

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What to do if unsure?

Email for advice

Nbn-tr.gynaeadvicefordoctors@nhs.net

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Summary of key points

- Always check Ca 125 at time of referral for suspected ovarian cancer
- Simple ovarian cysts are rarely due to cancer
- Bleeding on HRT does not need 2WW referral unless persists 6 weeks after stopping treatment

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Summary of key points

- If symptoms do not fit the 2WW criteria boxes then patient probably does not need a 2WW referral
- Incidental finding of increased endometrial thickening does not need a 2WW referral
- Young woman with endometrioma or dermoid does not need a 2WW referral

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